

A0435 (Rev. 04/18; WDVA Rev. 11/19)		ADMINISTRATIVE OFFICE OF THE UNITED STATES COURTS	
<b>TRANSCRIPT ORDER FORM</b>			<b>FOR COURT USE ONLY</b>
Please Read Instructions on Page 2.			
<b>1. REQUESTOR'S INFORMATION:</b>		NAME Maya Eckstein	TELEPHONE NUMBER (804) 788-8788
DATE OF REQUEST 05/29/2024		EMAIL ADDRESS ( <i>Transcript will be emailed to this address.</i> ) meckstein@huntonAK.com; mhayden@huntonAK.com	
MAILING ADDRESS 951 E. Byrd Street		CITY, STATE, ZIP CODE Richmond, VA 23219	
<b>2. TRANSCRIPT REQUESTED:</b>		NAME OF COURT REPORTER Sindie Bragg  OR CHECK HERE <input type="checkbox"/> IF HEARING WAS RECORDED BY FTR	
CASE NUMBER 3:22cv00049		CASE NAME Baby Doe, et al. v. Joshua Mast, et al.	JUDGE'S NAME Norman Moon
DATE(S) OF PROCEEDING(S) 05/29/2024		TYPE OF PROCEEDING(S) Hearing	LOCATION OF PROCEEDING Courthouse-Charlottesville
REQUEST IS FOR: (Select one) <input checked="" type="checkbox"/> FULL PROCEEDING <input type="checkbox"/> OR <input type="checkbox"/> SPECIFIC PORTION(S) ( <i>Must specify below</i> )			
SPECIFIC PORTION(S) REQUESTED ( <i>If applicable</i> ):			
<b>3. SERVICE TURNAROUND CATEGORY REQUESTED:</b> (See Page 2 for descriptions of each service turnaround category.)			
<input type="checkbox"/> Ordinary (30-Day) <input checked="" type="checkbox"/> 14-Day <input type="checkbox"/> Expedited (7-Day) <input type="checkbox"/> 3-Day		<input type="checkbox"/> Daily <input type="checkbox"/> Hourly <input type="checkbox"/> RealTime	
<b>4. CERTIFICATION:</b> By signing below, I certify that I will pay all charges (deposit plus additional).			
DATE 05/29/2024	SIGNATURE /s/ Maya M. Eckstein		

If you have any questions, please contact the court reporter coordinator at (540) 857-5152 or by email to [CRC@vawd.uscourts.gov](mailto:_CRC@vawd.uscourts.gov).

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